

# Application Form

## LOCAL GOVERNMENT INVESTMENT POOL

Commonwealth of Virginia  
Department of the Treasury  
P. O. Box 1879  
Richmond, Va 23218-1879  
Local (804) 786-1156 or (800) 643-7800  
Fax (804) 225-3478

☐ New Account ☐ Account Change

Date \_\_\_\_\_

Public Unit Name \_\_\_\_\_

Account Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ Tax Identification Number \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail address \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
Name & Title of Authorized Public Official (Type or Print) Signature

of \_\_\_\_\_, am the duly authorized public official charged with the duty of handling public funds for the aforementioned public unit. Pursuant to such authority, I am authorized to delegate and have delegated to the following persons the authority to communicate with the State Treasurer's office to advise of local decisions to deposit or withdraw funds from the Local Government Investment Pool, including myself:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| _____    | _____    |
| (Title)  | (Title)  |

The State Treasurer's office is hereby authorized to make deposits or withdrawals from this public unit's account upon receipt of telephone instructions from the above named individual(s), who will identify themselves by name, public unit, and assigned identification number. Such individuals are authorized to act for this public unit until their authority is revoked by written notice to the State Treasurer's office, which notice will be effective upon receipt.

### WITHDRAWAL WIRE TRANSFER INSTRUCTIONS:

I hereby authorize the Commonwealth of Virginia LGIP to act upon instructions received by telephone to have amounts withdrawn from my account in the LGIP and wired to the bank account designated below. **Exceptions to these instructions can only be accepted if requested in writing and signed by the above named "Authorized Public Official".**

1. Name of Bank \_\_\_\_\_  
ABA # \_\_\_\_\_ Account Number \_\_\_\_\_  
Account Name \_\_\_\_\_  
Bank Address \_\_\_\_\_

2. Name of Bank \_\_\_\_\_  
ABA # \_\_\_\_\_ Account Number \_\_\_\_\_  
Account Name \_\_\_\_\_  
Bank Address \_\_\_\_\_